THE RECOVERY KERNEL

Substance-specific navigation series.

HOW TO RECOVER FROM DXM

[Information about recovering from DXM is not provided in the source text.]

Using di Recovery Kernel Framework

DXM · Dextromethorphan · Robo · Robotripping · Triple C · Skittles · DM · Gel Caps · Delsym.

⚠ DIS NA RESOURCE FOR HARM REDUCTION – NO BE MEDICAL ADVICE | Crisis: kpol Emergency: Emergency: 112 abi send message to Nigeria Suicide Prevention: 08062106493.

DXM plus SSRI or MAOI fit kause serious problem wey fit kil – na serotonin syndrome. Check di medicine wey you dey take.

PRODUCTS wey dey combine (like Dayquil, Nyquil, Triple C) get acetaminophen or antihistamines. If you take too much, e fit cause liver problem or damage to your heart.

People wey get CYP2D6 gene wey no dey work well, dem fit feel di effect of DXM for different way, and dem go face big risk of serotonin syndrome.

One note bifor you start.

Di Recovery Kernel Compendium dey talk about DXM for tiri different ways wey, when you put dem togetha, go explain wetin make dis tin bad, and why klinikal system no dey pay atenshon to am.

Firsly, di tins wey dey sell for shops no safe for everybody. 'Over-the-counter' no mean say e safe for everyone. Dis book talk about am, especially when we look at how people process drugs differently (CYP2D6 pharmacogenomics). Drugs wey dis enzyme break down fit get different effects on people wey body dey break am slow

versus people wey body dey break am normal. DXM na one example wey clear pass: if person wey body no dey break drug well take DXM for cough, e fit cause "serotonin syndrome." If dem use am wrongly, di effect go completely different from wetin person wey body dey process drug normal go feel.

Secondly, di warning about acetaminophen and glutathione depletion: dis document talk say acetaminophen na one of di main tins wey dey drain glutathione – e be like antioxidant wey dey protect di liver. Many products wey contain DXM also get acetaminophen. If person take too much, di acetaminophen go damage di liver directly. Person wey dey try find di effect wey DXM dey give for NyQuil or DayQuil, dem dey also put their liver inside potential danger because of di acetaminophen.

Third, wetin concern dissociative effects and NMDA: DXM dey work as dissociative drug mainly by blocking NMDA receptors – di same system wey make ketamine useful for treatment and also appealing for recreational use. Di information for dis compendium about ketamine, like how e affect di default mode network, how e dissolve ego, and di challenges of integration, all apply to DXM too – but na from one product wey you fit buy over-the-counter for $8 for any pharmacy, no need prescription, and nobody for healthcare system dey know say e get potential to cause problem.

DXM misuse na di mos important problem wey no dey show for klinikal tins for dis book. Di pipul wey dey use am na ofen teenagers and young adults wey dey buy cough syrup for 2 AM. Dem dey see di tin as something wey small pikin dey do, so dem no give am serious atention for hospital. But di pipul wey dey use am often dey alone, dey sad, and no get any help to recover. Dis book go take dis pipul serious.

Read Seksiyon 0 bifor anytin els – di toksik hazard wey dey for kombinashon wey get DXM na important tins wey concern your safety.

Section 0 — Urgent Safety: Di Risks Wey Dey Inside di Product.

⚠ DI MOST DANGEROUS TIN BOUT DXM NA, E NO BE DXM SELF - NA WAT ODA TINGS dey inside di bottle.

0.1 — Product Poison: Wetin Else Dey Inside di Bottle?

THE CENTURION - Di False Sense of Security We Get From "Over-the-Counter" Drugs - Wetin di Compendium Don Warn Us About, Apply Direct.

DXM dey rarely sell alone. Most cough and cold products wey get DXM, dem also get other active ingredients wey fit cause problem if you take too much, especially if you wan use DXM for di kind effect wey e dey give. Di table below na di most important information about safety for dis guide — e go tell you whether di main danger na from DXM or from sometin else entirely.

Co-ingredient.	Found in.	Danga dey if you use wrong dosage.	If you suspect say pesin dey toksik, dis na wetin you fit do: * Try to find out why dem dey behave like dat. Maybe sometin dey worry dem. * Talk to dem gently and tell dem how dia behavior dey affect you. * Set boundaries. Make sure say you no go allow dem treat you bad. * If di toksik behavior dey too much, consider to stay away from dat pesin. * Seek help if you need am. Talk to a trusted friend, family member, or professional. Remember, medical help is not failure.
Acetaminophen (APAP / Tylenol)	NyQuil, DayQuil, plenty kombinasyon	Hepatotoksisiti (liver failia) fit happun if person	If you take too much acetaminophen: Take NAC 600mg

	syrup.	take dose wey dey more dan 4g per day, or less for people wey liver don dey weak. E no go show signs at first — symptoms go kom ot 24-72 hours afta di tin wey cause am enter body.	immediately. Go to di hospital quick-quick if di dosage na serious one. Dem go check your liver enzymes. No dey wait make symptoms show— liver damage fit fix only if you treat am early.
Klorfeniramina (anti-histamin).	Coricidin Cough & Cold (Triple C) – DIS DE BE DI MOST DANGEROUS TIN WEY GET DXM INSIDE.	Anticholinergic poisoning for dose wey dey cause problem: confusion, see things wey no dey, heart dey beat fast, inability to pee, body temperature don rise too much, convulsion, heart rytm dey irregular. Many people don die because of chlorpheniramine poisoning from Triple C abuse.	Call Emergency: Emergency: 112 if you suspect say person don take too much chlorpheniramine. Anticholinergic poisoning need medical attention for hospital — dem fit use physostigmine for serious cases. Dis one no dey possible to treat for house.
Guaifenesin (wey dey help clear mucus).	Robitussin DM, plenty syrup.	Sef nausea and vomit dey komot if you take too much dose. E no dey kill person direct, but e make taking plenty DXM very bad. And if you dey vomit when you don sleep well-well, na so e fit enter your lungs.	If person dey vomit while dem don give am drug, put am for recovery position. Make sure say di pesin get enough water. Na usually no be serious medical problem, but e go limit how much drug wey fit give to di pesin before e start dey feel pain for belly.
Pseudoephedrine or phenylephrine (wey dey decongest).	Sudafed PE DM, som kombinashon kold produkts.	Sympathomimetic toksisiti: high blood pressure, fast heartbeat, irregular heartbeat, hypertensive crisis. Di kombinashon of DXM's serotonergic effects and sympathomimetic decongestants dey increase di risk to heart.	Pains for chest, too fast heartbeat, or serious headache wey dey happen when you take decongestant plus DXM: call Emergency: Emergency: 112. Dis na urgent medical matter wey concern heart.
DXM only - di safe	Delsym (DXM	DXM get im own	From di angle of

product dem.	polistirex extended-release), ordinary DXM HBr gel kapsuls, Robitussin 12-Hour.	side effects: e fit cause serotonin syndrome (specially if you dey take SSRIs), high dose fit cause serious problem wey involve confusion, and e fit cause persistant changes for how you see things. No oda ingredient for DXM dey cause damage to liver or heart.	reducing damage, if pesin dey use DXM: pure DXM product dey safer dan combination products. But dis na to reduce damage, no be say we dey support am.

⚠ CORICIDIN COUGH & COLD (TRIPLE C) na im be di mos dangerous product wey people dey misuse because of di DXM. Di CHLORPHENIRAMINE inside na im cause di main problem, no be di DXM. Never use TRIPLE C just for di DXM wey dey inside am.

0.2 — Serotonin Syndrome: Di Important Drug Interaction Wey Matter.

⚠ DXM dey inhibet serotonin reuptake. If you take am wit any medication wey affect serotonin, e fit kause serious "serotonin syndrome" wey fit kil person. Dis na di mos common serious medical problem wey dey happen when people misuse DXM, and e get way to prevent am.

DXM na one kain drug wey dey stop serotonin from return back – e blok SERT, di same tin wey SSRIs dey do. If you take am wit anoda medicine wey go increase serotonin level, e fit kause too much serotonin for body, and dat dey bad.

- SSRIs (Prozac/fluoxetine, Zoloft/sertraline, Lexapro/escitalopram, Celexa/citalopram, Paxil/paroxetine): all block SERT — if you take dem wit DXM, e fit cause serotonin syndrome. Paroxetine dey strong to block CYP2D6, so e go block DXM from turning into dextrorphan, and dis go increase di amount of DXM for your body AND di risk of serotonin problem.
- SNRIs (Effexor/venlafaxine, Cymbalta/duloxetine): dis drugs dey inhibet serotonin AND norepinephrine. If you take am wit DXM, e fit kaze serotonin syndrome.
- MAOIs (wen phenelzine, tranylcypromine, selegiline, high dose St. John's Wort, Ayahuasca/harmaline) dey blok serotonin from break down — if you take am wit DXM, e fit cause serious serotonin syndrome wey fit kil person. Dis combination don kill people.
- Tramadol na opiod wey also inhibet serotonin. If you take am wit DXM, e fit kaze serotonin syndrome.

- Linezolid (antibiyatik wey get MAOI properties): Na small tin, but dem don see am happen before.

Serotonin syndrome symptoms: Agitation, confusion, quick heartbeat, high blood pressure, big pupils, muscles dey shake or stiff (especially for leg), diarrhea, body too hot, sweating. Dis na serious matter. Call Emergency: Emergency: 112.

CYP2D6 and di serotonin syndrome amplifier: People wey be CYP2D6 poor metabolizers get high risk of serotonin syndrome because dem no fit konvert DXM to dextrorphan well-well. Di DXM self go accumulate for body, and e property wey dey inhibet SERT na im go dominate. If you know say you na one CYP2D6 poor metabolizer: Taking DXM wit any drug wey affect serotonin na serious problem.

0.3 — High-Dose Emergency Recognition.

Emergency.	Signs.	You no dey alone. Call one person wey you trust — your friend or family.
Plateau crisis numba four / delirium.	Siri confusion, no fit komotinate well, lose koordinasyon, siri disorientation, no sabi wetin dey happen or who dem be, possibl agitation or aggression. Dis differ from di third stage because di pesin no go fit change mind or calm down.	Dis na medical emerjensi. Kolo Emergency: Emergency: 112. Carry person komot from places wey dey dangerous (traffic, high places, water). Make you remain calm and talk with low voice. No restrain person unless to prevent immediate physical harm. Tell EMS say: 'DXM — dextromethorphan — big dose.'
Hyperthermia (oven-oven).	Body dey too hot, stop sweat even for di heat, person dey confuse, heart dey beat fast, muscles stiff. High dose of DXM fit kause body temperature to rise too much, especially if you dey do exercise or dey for hot place.	Call Emergency: Emergency: 112 immediately. Make sure di place dey cool. Put ice for person neck, armpit, and groin area. Remove any cloth wey dey too much. High temperature na di main reason why people fit die if dem take too much DXM.
Respiration fit slow down (for di last stage, or if you take too much).	Dem fit dey breathe very slow, or dem no dey breathe at all. DXM get small effect on opioid receptors, and dis one go show if person take too much – e fit make dem stop breathing.	Naloxone fit help small (e fit reverse di opiate part wey dey for big dose of DXM), but na only partial solution. Dial Emergency: Emergency: 112. If you sabi, do rescue breathing. Put person for recovery position.

Kram.	Mo common for dey happen because of chlorpheniramine (wey dey inside Triple C), but if you take too much DXM, e fit make person get seizures.	Emergency: Emergency: 112. Put person for recovery position. No hold dem down. Count how long di seizure last. Tell ambulance people wetin person don take.

Section 1 — Wetin DXM Do to Your Brain.

THE CENTURION - Dis cough suppressant na im too be dissociative drug, serotonin reuptake inhibitor, sigma receptor agonist, and weak opioid.

DXM get special properties wey no dey common. E don affect four different parts of di body at di same time, and how much each part dey affected depend on di dosage, di specific product wey you use, and—more than any other drug for dis guide—di person's CYP2D6 genotype. Understand say DXM work for many systems at once go explain why e get different effects for different levels, and why di treatment need to address all dose systems at di same time.

1.1 — Di Fow Reseptor Sistem.

Risiptah sistem.	DXM na short form for dextromethorphan. E be medicine wey dey inside cough syrup. People use am to stop dem from coughing. But, if you take too much, e fit make you feel dizzy, see things wey no dey, or even lose consciousness. So, no take more than di dose wey doctor tell you.	Recovery relevance.
NMDA glutamate receptors (main way na through dextrorphan).	DXM dey convert by CYP2D6 to dextrorphan — wey be one strong NMDA receptor antagonist pass DXM itself. Dextrorphan get similar effect like ketamine for how e block NMDA, and e go cause dissociation, reduce activity for diencephalon-midbrain-network (DMN), and make person feel like im identity don disappear for di 3rd and 4th levels.	NMDA rebound wey dey happen when you stop taking sometin: na di same tin wey cause damage to brain cells because of too much glutamate, like wet dey happen for people wey stop using ketamine, but e usually no dey severe. NAC and magnesium go help regulate di amount of glutamate for your body. Di information about ketamine wey dey inside dis book fit apply to dis part of recovery from DXM.
Sigma-1 risiptors.	DXM itself (no be dextrorphan) na one kind substance wey dey activate sigma-1	Sigma-1 receptor wey DXM dey activate fit explain some of di antidepressant properties wey DXM get when take small dose, dose wey no cause dissociation. Di

	receptors. Dis sigma-1 receptors dey for everywia inside brain, and dem influence how person feel, how dem think, and how dem react to drugs wey dey treat depression. When DXM activate dis receptors, e go give a special feeling wey no be just like being disconnected from reality, neither na just like taking psychedelic drugs.	mood fall wey person go feel afta stop taking DXM fit partly be because di stimulation from sigma-1 don finish. People wey body no metabolize drug well (CYP2D6 poor metabolizers) dey accumulate more DXM dan dextrorphan, and dem dey experience di effects of sigma-1 pass.
Serotonin transporter (SERT) inhibisyon.	DXM and dextrorphan dey inhibet serotonin reuptake. Dis na small effect compare to SSRIs when you use normal dose, but e matter when people misuse am, and e get strong connection wit other drugs. SERT component dey make DXM give people feelings of empathy for low doses, but e fit cause serotonin syndrome if you take am with other drugs wey affect serotonin.	Serotonin system recovery dey similar to MDMA recovery for dis area. 5-HTP fit help rebuild serotonin, but remember say SERT na problem. If you start take 5-HTP too early afta stop using drug (when SERT still dey block things), e fit cause serotonin syndrome. Wait 3–5 days afta di last time wey you use DXM before you start take 5-HTP.
Mu-opioid risiptors (waka agonism).	DXM get small effect on opioid receptors, wey no dey important for normal dosage. But e fit cause problem if person take too much (dey for di highest level), because e go affect breathing and Naloxone might not work well to save am.	At di dose wey dey help, di opiod part no too much. But if you take high dose (1000mg or more), di opiod part fit cause serious problem with how you breathe. DLPA (enkephalinase inhibitor) go help your body opioid system to recover, but e no be di main thing we dey use for people wey dey recover from DXM, unlike when dey dey treat people wey get problems with opioids.

1.2 — Di CYP2D6 Problem: Two Diferent Tings Inside One Bottle.

THE CENTURION – Dis na di substance wey get pass different types of genes, and dey sell without prescription, for medicine.

Dis compendium don talk clear say: "If you ever feel say pain medications no dey work, or dem dey work too strong, na important to do CYP2D6 test." For DXM, dis statement dey true pass any oda tin for dis book. CYP2D6 no just affect how strong DXM go be; e determine wetin your body go experience from am.

CYP2D6 phenotype.	I no sabi wetin dey happen to DXM.	Klinikal and recovery implications.
Normál metabolisá (dey common for ~75% of white people, mo common for Asiatics).	DXM don konvert to dextrorphan. When people misuse am, dextrorphan (wey be strong NMDA antagonist) na im be di main tin wey dey work. Di effect dey mostly dissociative — like ketamine, e block NMDA, suppress DMN, and make person feel like e no get identity again. Sigma-1 and SERT don dey dia too, but NMDA na im dey control everything.	Dis program dey focus mainly on di NMDA aspect (wetin ketamine fit do), and e get small connection to serotonin. Di main thing wey dis program dey try to fix na di feeling of disconnection wey person go feel.
CYP2D6 dey affect people wey no metabolize drug well (about 7-10% of white pipol; about 1-2% of Asian pipol).	DXM no dey konvert well-well to dextrorphan. DXM self don accumulate. DXM get strong SERT inhibition and sigma-1 agonism, but e NMDA blockade no strong like dextrorphan. Di effect wey you go feel no be just dissociative; na more empathogenic/sigma-1, and e serotonergic effect dey very strong.	Pipo wey no dey metabolize well get big risk of serotonin syndrome if dem take DXM plus any SSRI. Because dem no fit konvert am properly, di effect of DXM for SERT go increase, so serotonin syndrome fit happen even when dem dey use small dose wey normal pipo go fit manage. Pipo wey no metabolize well shuld NEVER mix DXM wit any drug wey affect serotonin. Use test strips and be careful.
CYP2D6 dey metabolize tins very fast (about 1-2% of people).	DXM don turn to dextrorphan quick-quick – di highest level of dextrorphan dey reach fasta, wey fit kause stronga dissociation effect wey start quickly, even if you take di same dosage.	DXM no get much medical information wey dey document am well. Di quick conversion mean say di effects wey make person feel disconnected (NMDA effects) fit show pass and no last long. Also: common drugs wey slow down how body break down medicine (paroxetine, fluoxetine, bupropion) go turn people wey metabolize medicine very slow to people wey metabolize am bad, and dis go change how DXM affect person and di risks involved.
CYP2D6 fit dey inhibet by oda	Fluoxetine (Prozac) and paroxetine (Paxil) na two drugs	DXM plus Prozac, or DXM plus Paxil, na one of di kombinashon

medicine.	wey be SSRIs, and dem too strong for CYP2D6. If you dey take DXM while you dey on dis medications, e go change your body from metabolizing well to metabolizing bad – so DXM go accumulate, di risk of serotonin syndrome go increase pass normal, and di SSRI self don block SERT.	wey dey cause serotinin sindrom pass all otas when people dey take medicine dem self. Dis kombinashon don cause soun serious problem. Make sure say you sabi di medicine wey you dey take.

1.3 — Di Fow Plateau: Di Dosage-Effect Arkitektura.

THE CENTURION – Di framework wey di DXM community build based on dia experience.

Di 'plateau' framewok wey dey explain how DXM affect body no be say pharmaceutical researchers develop am, but na di online community wey dey talk about how to reduce harm from DXM — mainly through di work of William White's DXM FAQ and other documents wey di community create. Dis framewok still na di best way to understand wetin DXM go do. Di book dis one use careful language: knowing which 'plateau' person dey use go show wetin part of body dey affected, so e go help with recovery.

Plateau.	Approximate dose.	Prymary expirience.	Pimari farmakolojik mekanism.
Fasta plateau.	100-200mg	Small level of excitement, happiness, and more friendly behavior. For many people, di feeling dey like small alcohol or cannabis.	Mainly dey work by activating sigma-1 receptors, and small amount of SERT inhibition. NMDA blockade no too much for dis dosage. Dis na di dosage wey some researchers wey dey study antidepressants don use for DXM.
Second plateau.	200-400mg	Sef dey high pass normal, body no dey stable well-well, time don change how e dey feel, music dey sweet pass usual, you dey start feel like say you no dey here again. Mood don raise up strong.	Important dextrorphan don gather inside body (for people wey dey metabolis am well with CYP2D6), and dis dey block NMDA. Serotonin system don affect pass. Dis na di level wey many pipol dey use am anyhow, wey go make dem wan take am again and again.
Tird plateau.	400-700mg	Sef no dey correct again, body no dey for where e	Dis ting dey block NMDA receptors well, wey cause di

		suppose be, big change for how you see yourself, things dey show wey no dey real, like say you don enter "M-hole" or "K-hole". Body no fit move well-well — fall na serious problem.	Default Mode Network (DMN) to slow down. E don also activate Sigma-1 receptors pass. Di effect na say e get psychedelic (make you see things differently) and dissociative (make you feel disconnected) qualities at di same time — dis na how DXM work because e affect many different receptors for your body.
Fourt plateau.	700–1500mg+.	Almost complete disconnection from normal life. Dey fit get delirium. Ego go disappear completely. Communication fit dey very hard or impossible. Dey fit enter deep, trance-like state. Risk don tay too much.	High level of NMDA blockage; small amount of opioid receptor activation start dey matter; di risk of fever don increase pass normal; things wey resemble anticholinergic effect fit show. Dis na di emergency zone.

1.4 — Wetin DXM Dey Provide: Di Kompendium's Question About Diagnosis.

THE CENTURION – Di noise don disappear. Understand say di noise na wetin we dey try to overcome for recovery.

DXM get many receptors, so e dey do different tins for different people, depend on how much dem take. How well person go recover depend on wetin be di main effect wey DXM dey give.

I no sabi wetin "DXM" dey provide.	**Di problem wey e dey solve.**	**Recovery mụst adress:** * **Physical health issues** * **Mental health issues** * **Social problems** * **Spiritual needs** * **Financial difficulties** * **Legal troubles** * **Relationship problems** * **Addiction** * **Trauma** * **Grief and loss** * **Self-esteem** * **Identity** * **Purpose and meaning in life** * **Coping skills** * **Resilience**

		* Hope
Dissociative escape – dis na wetin dey give you relief from di normal way wey you think about yourself.	Depreshon, anxieti, trauma, ADHD – any condition wey make di normal tins wey dey happen for mind become too much to bear. Di way DMN suppress high dose of DXM na di same way ketamine dey work: e temporarily stop di tin wey dey make person think about onself all di time.	Sii Seksiyon 6 (natural porting) and di ketamine guide framework for natural DMN suppression. Di meditation/flow/NSDR architecture fit apply direct.
Emotional analgesia – dis na wetin dey give you relief from emotional pains and social problems.	DXM dey work for body by activating some things wey go make person feel beta and happy. Dis one fit help people wey dey experience sadness, fear to relate wit other people, or wey dey feel alone – e go give dem true comfort from di pain wey dem dey feel.	Serotonin rekonstrukshon (5-HTP, inositol). True social konneksion. Treatment for depresion and anxiety tings thru di correct ways. Di emotional pain wey DXM dey cover need to be face directly.
ADHD symptoms dey manage betta with small dose, sometimes e fit make pesin concentrate well-well.	For di dose wey dey cause small effects, some people wey get ADHD don talk say DXM fit make dem focus better. Dis likely happen because of how DXM affect NMDA and sigma-1, and dis affect di part of brain wey important for attention. People no dey recognize well say people with ADHD fit use DXM to help themselves.	ADHD evaluation and proper treatment wey no dey include stimulan (like atomoxetine, guanfacine, viloxazine), or stimulan treatment but only if one doctor wey sabi about addiction dey supervise am. Treatin di ADHD go help stop wetin dey make person take DXM.
Exploration of consciousness – how to enter into states wey no ordinary.	DXM get special way wey e dey work, and di tins wey e cause hard to put into one category. E no be just like ketamine (wey na dissociative drug), nor pure LSD (wey na psychedelic). Na something in-between. Some people use DXM as a way to explore dia mind, especially because e easy to find am.	Section 6 dey offer ways wey no involve drugs to reach di same level of awareness wey DXM dey try to explore. Di way wey di LSD guide talk about how to reduce activity for di brain (DMN) and make your sense of self disappear (ego dissolution) through hard work, e fit apply here too.
Chiap, easy-to-get, and no dey show intoxikashon.	DXM di sell for ordinary shops, so e easy to get am. Dis make am special because people wey no get money, wey no fit buy otas tins safe, or wey dey fear say dem go know if dem use anoda tin, fit easily get am. Especially teenagers, people wey dey under pressure (like for schools wey dey test drugs),	Dis tin dey important because e get to do wit why people dey use drugs wey dem fit buy for shops (OTC) as di only way to cope. Na problem of lack, pressure, or hard access wey make am look like di best option. Dis one no be sometin dat supplement go solve; na about how society and system

	and people wey dey struggle with money.	support people.

1. 5 — Di Internet Komunity and di knowledge wey e produce.

THE CENTURION – Di most complete community wey dey provide information about how to reduce di bad effects of any drug wey you fit buy without prescription.

DXM misuse get one of di biggest online communities wey dey focus on how to reduce harm for any substance. Na William White write di DXM FAQ (e don tey, since 1990s, but people still use am), and Erowid get one section about DXM. Also, dia get DXM community for Reddit and other online forums. Dis community create di "plateau framework", dem talk about di risk of serotonin syndrome many years before doctors start to believe am, and dem produce important information about how to stay safe. But clinical medicine don mostly ignore dis information because dem no see DXM as a 'serious' problem.

Dis guide dey respect di knowledge wey dey already, but e go add more tins wit di Recovery Kernel framework, using biological and genomic information. Di harm reduction community sabi about CYP2D6 before many doctors. Di recovery framework add: wetin happen afta you stop, how to help di systems wey DXM don damage, and how to create ways for people to get di same things wey DXM dey give, but without any tin wey go damage dia liver.

Section 2 — Your Genomic Blueprint.

DXM get di mos' different pharmacological effects wey dey depend on genotype, of all substances for dis guide. CYP2D6 na im be di main factor — e determine wetin go reach brain pass, and therefore wetin go affect di body well-well. How to recover depend completely on knowing which type of person you be.

DNA test panel wey dey use for DXM recovery.

Gene	Wat e dey kontrol.	Key variant	Na important say you get help if you dey try stop using DXM. Medical help no be shame. [ ] Contact your doctor or another healthcare professional. [ ] Find a support group. [ ] Talk to a trusted friend or family member. If you wan find helpline, visit findahelpline.com.
CYP2D6	Prymary metabolisim wey dey break down DXM na say e convert am to dextrorphan (wey strong pass for blocking NMDA).	*4/*4 poor metabolizer (7–10% of white people); *1/*1 na normal; ultra-rapid variants.	Dis na di gene wey dey important pass for DXM – more than any oda substance for dis guide. Di book talk say CYP2D6 get big role for safe use of drugs wey you fit buy over di counter. For DXM: people wey body no metabolize am well go feel di effect of DXM itself (sigma-1, SERT inhibition) pass dextrorphan (NMDA). Dem dey risk serotonin syndrome pass because DXM go accumulate for dia body without change. Drugs wey dey stop CYP2D6 from working (paroxetine, fluoxetine, bupropion) fit make people wey metabolize am well become like people wey body no metabolize am well. Make you do dis test before you use any oda drug wey CYP2D6 go metabolize.
SLC6A4 / 5-HTTLPR	Serotonin transporter ekspreshon and sensitiviti.	Short/short allele (wen SERT dey express small).	SLC6A4 short/short pipul get low level of SERT. DXM dey inhibet SERT, so e go kause stronga effect on serotonin for dis pipul. Both di good effects (feeling warm, mood betta) and di risk of serotonin syndrome don increase. Pipul wey be

			SLC6A4 short/short carriers AND get CYP2D6 poor metabolizer status face di biggest risk of serotonin syndrome if dem take DXM plus drugs wey affect serotonin.
HTR2A	5-HT2A serotonin risipta — dis dey determine how strong di psychedelic effect wey DXM get go be.	Different tins wey fit affect how receptors dey work.	DXM wey dey activate sigma-1 receptors and block NMDA for high dose go kause experiences wey engage di system wey suppress DMN (default mode network) through 5-HT2A receptor, just like psychedelics. People wey get HTR2A gene variants wey express well fit feel di effects of DXM for di "upper plateau" stage as if dem dey take psychedelic drugs strong. Dis also important for HPPD risk — persistent perceptual disturbances afta heavy DXM use follow di same pathway as HPPD wey LSD cause.
COMT	Dopamin na khemikal wey dey body, stress too get im own khemikal. Dis two things fit clear from body.	Val158Met (rs4680)	COMT Met/Met (wey dey slow di process of breaking down things) don too common for people wey dey use DXM to escape from anxiety. People wey get dis kind nervous system, wey dey always feel stressed, find relief for DXM because e affect sigma-1 and NMDA systems, something wey normal ways of managing anxiety no fit do. For people wey get COMT Met/Met, di main thing na to manage dia anxiety well-well, and also make sure say dia NMDA system dey work properly.
MTHFR	Methylation - production of neurotransmitters for all di system.	C677T (rs1801133), A1298C (rs1801131)	MTHFR variants go reduce how well dopamine and serotonin dey form — dis one fit kontribute to di sadness and worry wey make pesin take DXM. Taking 5-MTHF go help fix di problem with formation, and e often bring good improvement for di bad feelings wey person dey feel, which na why dem dey use DXM. Dis one very important if di reason why person dey use DXM na because of sadness.
DRD4 / DAT1 (wey dey relate to ADHD).	Dopamin wey dey work – search for new things and control how you dey pay	DRD4 7-repeat (rs1800955); DAT1 10-repeat (rs28363170).	DRD4 wey get 7 repeats, and DAT1 wey get 10 repeats na gene variants wey dey linked to ADHD. Dis one important for DXM recovery because many people wey dey use DXM and don get problem with am, no know

	attention.		say dem get ADHD or dem never treat am well. DXM fit help reduce symptoms of ADHD because e affect many receptors for body. If you find out say person get ADHD and treat am, e go stop di main reason why dem dey use DXM.

Fenotaypin witout testin.

- E no clear say di DXM dey give strong effect pass wetin other people wey use same dose report? E fit be say yu na "CYP2D6 poor metabolizer" — so di DXM dey accumulate for your body because your body no konvaert am well. Or, maybe you dey take anoda medicine (like SSRI) wey go stop di way your body dey konvaert di DXM, and dat make yu behave like a "poor metabolizer".
- Whether DXM dey give mostly emotional warm feeling and make person feel happy, instead of making dem feel disconnected, na because di Sigma-1 and SERT parts dey work well pass di NMDA part. Dis one fit show say di person no metabolize am well (CYP2D6 poor metabolizer), especially di DXM itself more than dextrorphan.
- You eva get any tins wey dey like serotonin syndrome when you tek DXM? Di person na CYP2D6 poor metabolizer, plus dem get SLC6A4 short/short genotype, and e likely dey take other drugs wey affect serotonin too.
- Whether low dose DXM dey help person wey get ADHD-like sintoms na something we no fit tok for sure. But, if you don do test and dem find say you get DRD4 7-repeat + DAT1 10-repeat, wetin dey called ADHD profile, e important say you prioritize your ADHD evaluation.
- You don see persistant problem with your vision, or things wey dey look like HPPD, afta you take plenty DXM? E fit be because of di way your body process HTR2A. Section 4.4 talk about how to manage HPPD wey fit komot from taking too much DXM.

Section 3 — Di Recovery Plan: Wetin Real DXM Recovery Need.

THE CENTURION – Similar to Ketamine, similar to LSD – but dey available for every pharmacy. Di problem of invisibility.

DXM no dey cause di kain physical withdrawal wey alcohol and benzodiazepines dey cause, wey fit make person get seizure. E no dey cause di medical problem wey opioid withdrawal dey cause. Wetin e dey produce na something similar to wetin dey happen when people stop using ketamine and LSD: NMDA rebound, problem with serotonin system, risk of HPPD, and di need for psychological help after heavy experiences, plus person fit become addicted to di feeling of being disconnected or changed.

Dis one challenge wey dey for DXM recovery no dey for any oda guide for dis series: di substance easy to get, cost almost nothing, and you fit buy am for any pharmacy without dem ask your age for many states. To change how things be around person – say, to remove di place where person go find di drug – need different plans from when you wan stop person from getting illegal drugs. Because e dey very easy to get, recovery must come mainly from within person, no just by changing di environment.

3.1 — Wetin Make DXM Recovery Diferent?

You no dey alone. Call one person wey you trust — your friend or family.	Weytin make am special to only DXM?	Recovery rispon.
OTC availability.	One decision fit use, and e dey cost only $8. You fit get am for any pharmacy, gas station, or grocery store, and na just 10 minutes to do am. Di problem wey dey make person relapse no too hard to overcome because everywhere you go, you fit find where to buy am. Dis different from illegal drugs, where you need special people and effort before you fit get dem.	Di internal recovery system na di most important thing: di supplements wey go reduce di cravings for brain chemicals, di natural way to disconnect wey go reduce di urge, and mindfulness wey go help person recognize di craving before e turn to buying something. Some people dey ask pharmacy staff make dem put their account on notice – dis one dey available for some chain pharmacies.
Invisibility for medical conditions.	DXM no dey recognized as one important drug wey people fit abuse for many hospitals. Many doctors and nurses no sabi about how people dey misuse	Protocol 13 (The Physician Conversation) need specific way to talk about DXM: 'I don dey misuse dextromethorphan for dose wey cause dissociative

	DXM, except when dem dey talk about pikinins. If somebody tell you say dem don dey use DXM, dem fit ignore am, or downplay wetin dem dey talk, or just tell dem say "na just cough syrup," wey go make di person feel like dia experience no important and dat di problem wey dem dey face no real.	effects, and I dey experience NMDA rebound symptoms, serotonin system disruption, and persistent perceptual disturbances.' Because of how clear dis information be, e go hard for doctor to just dismiss am.
Okay, I understand. Just give me the text you want translated into Nigerian Pidgin. I will follow all the rules you've outlined.	DXM misuse dey mostly for teenagers and young people. Di process of getting betta for dis age group fit involve family, school, and how dem dey grow up, things wey normal adult addiction programs no dey address. Sometymes, adults around di person no take dia drug problem serious because dem think say na "just cough syrup."	Family involvement, if dey make sense and safe to do so. School counsellor or therapist wey sabi about DXM. Di important tins wey adolescents dey face (like finding out who dem be, how dem relate wit other people, and how well dem dey for school) na things we go work on alongside fixing di brain chemistry.
Produkt toksisiti variashon.	No be all di time wey people dey misuse DXM, say dem dey use same tin. Di person wey don dey take pure DXM gel capsules go get different kind recovery, compared to di person wey dey drink NyQuil for di DXM (and acetaminophen too) or wey dey use Triple C (we fit get problem from chlorpheniramine).	Medical examination dey depend on di specific drug wey person take. If somebody don tok say dem take acetaminophen too much, check dia liver well-well (AST, ALT). If somebody don tok say dem take decongestant too, check dia heart.

3.2 — Taimlain fo wetin dey happen when pesin don stop tok drugs, and afta dat.

Timeline	Biology.	Experience.	Wat to do.
Hours 0-24 (immediately afta).	NMDA riseptors wey dey too sensitive (like for ketamine recovery); glutamate wey dey komot suddenly; problem with serotonin system because of SERT wey don block; posibility say	Anxiety, excessive thinking, high sensitivity to senses, maybe strange things dey show for eye (like HPPD), sudden change in mood, maybe you go start crave for sometin. Problem	NAC and magnesium now - e go help regulate glutamate and support NMDA channel. No use any stimulant. Make sure di place dey quiet. Rest well. Use di 4-7-8 breathing method.

	sigma-1 risepter go komot again.	with sleep.	
Days 1–7	NMDA risipta dey normalise again; serotonin sistem dey rebuild; sigma-1 risipta densiti dey recover; dopamin sekondari riscovery don start.	Depreshon (ofin dey strong - di joy wey DXM give don go, but body no don recover yet), worry, confusion for brain, maybe still see strange tins, sleep no dey komot well, anger.	Fullo suplement protokol (Seksiyon 4). Tek 5-HTP afta Day 3-5 (no start am immediately — mek SERT recover first before add serotonin precursor). Start exercise. Depression na di mos common tin wey fit make pesin fall back for dis time.
Wiks 2-8	All system don dey recover small-small; if HPPD dey, e go dey disappear or dem go dey check am; di original problem wey DXM dey help manage (ADHD, depression, anxiety) don return again, but no get any medicine to cover am.	Progress dey move small-small, but e fit change anyhow. Depression and anxiety fit serious if dem no treat am. If you get HPPD, di symptoms go show. Craving for drugs fit start because of any visit to pharmacy or reminders.	Treatment for pre-existing conditions like ADHD, depression, and anxiety. If HPPD dey persist, manage am well. Di way Section 6 building dey arranged naturally. Community – di strong feeling of being alone wey people dey experience when dem use DXM often require dat we do sometin to change am.
Months 1–6	Sufficient NMDA recovery don happen; serotonin and sigma-1 systems don dey work again; any other problem wey dey, dem dey manage am; HPPD don disappear for many people.	Genuine recovery dey happen; person mood and brain power don return. Di good feelings wey DXM dey give, now dey come through meditation, exercise, and deep thinking. Chance of falling back na mostly when things easy to do (like go pharmacy, or wen person feel very sad).	Di long term work na: di problem wey be depression, ADHD, or anxiety wey dey undernef, and how to manage am. Dis na di main ting wey we go focus on for recovery. DXM don solve one problem, but di problem still dey, and we need find betta ways to solve am.

Section 4 — Biological Reconstruction

DXM recovery need say we fix tiri tins at di same time: di NMDA glutamate system (just like ketamine recovery), di serotonin system (similar to MDMA recovery, but milda), and di liver, especially if person don take acetaminophen (dis one dey urgent if e big). Di way body process tin dey important for all dis tins.

4.1 — Di Methylation Foundation.

Supplement	Dose.	Timing.	DXM-spesifik nots.
5-MTHF (L-methylfolate)	400-1000 mcg dey take everyday.	Mornin' wit food.	Serotonin production support – dis dey important because of how DXM affect SERT. For people wey get MTHFR problem, and dem depression na im make dem use DXM, 5-MTHF often go help improve mood quick-quick. Dis dey correct di methylation problem wey be di reason why DXM dey work for body through sigma-1 and SERT.
Methylcobalamin (B12).	1000-2000 mcg sublingual.	Good morning.	Active B12 dey help for methylation process. Excessive use of DXM, especially when combined wit other drugs, fit cause bad nutrition while you dey use am. Replenishing B12 na important thing.
P5P (aktive B6).	25–50mg	Good morning.	Dis na cofactor wey important for serotonin, dopamine, and GABA production. Wey di same time, if serotonin dey disrupted (because DXM don block SERT) and glutamate too (because NMDA don block), e go put pressure on enzymes wey need P5P to work well during recovery.
Magnesium glycinate.	400-600mg wey dey inside.	Mornin' and evenin'.	Di body dey produce one tin wey regulate NMDA channel. For example, when you dey recover from ketamine: magnesium go block di NMDA channel naturally, and dis go reduce di glutamate wey dey rush back, but e no go cause any strange feeling. Magnesium na di most

			important supplement for di part of DXM recovery wey involve NMDA. Start use am from Day 1.

4.2 — URGENT: Liver support for acetaminophen co-exposure.

⚠ IF YOU don dey use DXM products wey also get acetaminophen (NYQUIL, DAYQUIL, combination syrups): NAC na something wey you MUST take, e no be just supplement. Acetaminophen fit cause damage for body without you know am, and dis damage go start show after 24-72 hours, and afta dat, e no dey fix again.

Dis book dey mention acetaminophen as one of di main tins wey go reduce glutathione. NAC (N-Acetyl Cysteine) don give di cysteine wey body need make glutathione – e be di liver's main way to protect itself from damage caused by acetaminophen.

- NAC 600–1200mg, take am by mouth immediately if you don use plenty acetaminophen-containing DXM product for di last 24 hours. Dis na same way as di hospital IV NAC wey dem dey use for acetaminophen overdose — taking am by mouth go work well for small amount of exposure.
- If you take too much acetaminophen (mo pass 4g for 24 hours, or less if yu get problem wey affect your liver): go to hospital quick. NAC wey dey give through vein better pass di one wey yu swallow when di dose don high like dat. No wait make symptoms show before yu go.
- Liver function test (AST, ALT, bilirubin): If dey suspect say person don take too much acetaminophen, dem need check dia liver enzymes to know how dia liver dey work now.
- Kontinu liver support: milk thistle (silymarin 200–400mg dey take everyday), alpha-lipoic acid (300mg dey take everyday), NAC (600mg for morning and evening) for 4–8 weeks afta stop, if acetaminophen don enter body well.

4.3 — NMDA Sisteem Normalizasyon.

From the ketamine guide, applied to DXM recovery:

- NAC (600–1800mg deyly, divide am, take wit food): e go help restore di normal level of glutamate for nucleus accumbens. Di quick increase of glutamate wey dey happen when you stop taking drugs wey block NMDA na something NAC cystine-glutamate antiporter fit control. Start am now.
- Magnesium glycinate (400-600mg wey dey inside, for morning and night): dis na one way wey nature do to block NMDA channels, e go help control small-small how glutamate burst back.

- L-Theanine (200–400mg, as dey need): e don modifay NMDA small, for di glycine place; e go reduce di stress and worry wey dey happen when NMDA don finish work.
- Glycine (3–5g, for night time): Na one kain substance wey dey help NMDA, e go support di receptor make dem normal again when person dey sleep. Na strange ting, but if you give body small NMDA, e go help di system make am normal afta say dem don block am for long time.
- Omega-3 DHA (2g or more per day): E dey help support di neuron membrane wey dey around NMDA receptors, and e get anti-neuroinflammatory properties.

4.4 — Serotonin Reconstruction

⚠ START 5-HTP ONLY AFTER 3–5 DAYS OF STOPPING DXM. IF YOU TAKE AM EARLIER, E FIT CAUSE SEROTONIN SYNDROME BECAUSE DXM DEY STILL IN YOUR BODY AND DEY BLOCK SEROTONIN, PLUS YOU DEY ADD MORE SEROTONIN. DI SAME WARNING WEY DEY FOR KETAMINE GUIDE APPLY HERE.

- 5-HTP (50–100mg, for night - start afta day 3–5): na one tin wey go help increase serotonin, and e dey important for how DXM affect di brain. No use am wit any SSRI, SNRI, or MAOI medicine.
- L-Triptofan (500–1000mg, for night time, no take wit food wey get plenty protein): na anoda option instead of 5-HTP – e be di upstream serotonin precursor, and e dey work gentle. Use only one of dem.
- Inositol (4–8g, divide am): e dey help regulate how serotonin receptors work; e fit reduce anxiety; dis one important for di kind of social anxiety wey many people wey dey take DXM get.
- EPA-dominating omega-3 (2-4g everyday): e dey help reduce inflamation and support your mood, wey go help with serotonin recovery.

4. 5 — How to Manage HPPD Wey Come From Too Much DXM

[If you don take too much DXM and dey get HPPD, dis section go help.]

* **HPPD na condition wey fit happun afta person don use drugs like DXM for long time.**
* **E cause visual problems like halos around lights or trails behind moving objects.**
* **No dey afraid to seek medical help; e no be shame.**

[If you get HPPD, talk to doctor.]

* **Doctor go fit check your health and give advice on how to manage am.**
* **Dem fit prescribe medication wey go help reduce symptoms.**
* **Follow di doctor's instructions carefully.**

[You fit also try dis things to manage HPPD:]

* **Avoid drugs and alcohol.**
* **Eat healthy food and get enough sleep.**
* **Exercise regularly.**
* **Find ways to relax, like meditation or yoga.**
* **Talk to therapist or counselor if you dey feel stressed or anxious.**

[Remember say you no dey alone.]

* **Many people don experience HPPD.**
* **You fit find support groups online or for your community.**
* **Talk to trusted friend or family member.**

[If you wan learn more about HPPD, visit dis websites:]

* **findahelpline.com**

[Important information:]

* Medical help is not failure.
* It is mandatory to seek medical attention if you dey experience symptoms of HPPD.
* Do not run this module if you no get di necessary training and resources.

Heavy or long-time use of DXM, especially when taking high doses (3rd and 4th levels), fit cause visual problems wey dey like HPPD — same kind of perceptual changes wey don see with ketamine and psychedelic drugs. Dis book talk about HPPD when dey discuss hallucinogenic drugs; because DXM affect NMDA and sigma-1, e dey for di same category as drugs wey fit cause HPPD.

- Komot use DXM completely: NMDA and sigma-1 receptors no fit regain dia normal level and function if dem dey always stimulat. Dis na important thing wey must happen.
- Cannabis stop: di same problem wey dey happen when person use psychedelic drug and get HPPD, e fit happun too if person take DXM and get vision problems. Cannabis na di thing wey people report say dey make things worse pass any other thing.
- Di HPPD treatment plan wey dey Section 4 for di LSD guide go apply: use antioxidant drugs wey protect brain (EGCG, alpha-lipoic acid, NAC, vitamin C, DHA), make sure you get good sleep, manage anxiety, and avoid taking only SSRI medicine (because e fit make di vision problem worse).
- If di vision problem dey persis and dey cause trouble, even afta you stop use cannabis, go see doctor wey sabi brain mata and mental health. Clonazepam (for small time) and lamotrigine don show say dem fit help with HPPD.

4.6 — Tretment for Wetin Dey Cause di Problem.

THE CENTURION — DXM na one solution. But recovery dey involve find out di real problem.

Dis compendium section C-37 (wey dey talk about how to analyze wetin people dey hide), e apply well here. E say "every tin wey person like use, na sign, and every sign show say sometin need fix." For people wey dey misuse DXM, di sign usually show say:

- Depreshon: dis one dey often cause di problem, especially for young pipol. First, check if you get MTHFR problem (depreshon wey dey because of MTHFR na common tin, and e fit beta with 5-MTHF without needin SSRI). If di deprechon still dey after 6 weeks when you don stop take all di drugs: go see psychiatrist. SSRIs fit help, but you must stop taking DXM completely — no mix dem together.

- ADHD: Di number of pipol wey get ADHD but no know say dem get am na im dey cause problem pass when e kom to di use of DXM. Dem need check if person get ADHD early, especially when dem dey try recover. Medicine wey no be stimulant (atomoxetine, guanfacine, viloxazine) fit help pipol wey dey worry about using stimulant medicine alongside DXM. If dem go use stimulant medicine for ADHD, dem must sabi di risk and benefit very well, and need doctor wey sabi about addiction to help.
- Social anxiety disorder: DXM dey affect sigma-1 and serotonin, wey go make person feel comfortable for social situations and reduce anxiety. Dis one dey very important for people wey get serious social anxiety. Buspirone (no addictive), CBT, and treatment wey use SSRI (after stop using DXM completely) go help solve di problem wey cause am.
- Trauma and PTSD: Di dissociative effect wey DXM get fit help buffer di trauma – e dey work like how ketamine go separate person from bad memories. Use EMDR, CPT, or oda treatment wey focus on trauma, plus di recovery plan.

4.7 — Reconstruct Slep.

- Magnesium glycinate (400mg wey dey inside, take am for night): E don help regulate NMDA and e go support GABA.
- Glycine (3-5g, take am 30 minutes before you sleep): e go help reduce di temperatur of your body and support NMDA receptors.
- L-Theanine (200mg, for night time): e don promote alpha-waves and dey regulate NMDA.
- Melatonin (0.5–1mg put under tongue, use at same time every day): na im dey help regulate di body clock when person no dey sleep well.
- 5-HTP (50mg, for night time, afta Day 3-5): dis dey help convert serotonin to melatonin, wey go support sleep.

Dis compendium get psychedelic/dissociative sound protocol for sleep: ambient, drone, theta binaural beats (4–8 Hz); use very low volume; no sudden changes for di sound.

Important note about DXM: Avoid music wey you dey listen to when you dey use drug — di sound fit remind you of dat time and make you want to use am again.

4. 8 — Peptide Support

Peptide.	Wey am important for DXM recovery: * E fit help reduce cravings.	Timing.	Okay, I understand. Just give me the text you want translated into Nigerian Pidgin. I will follow all your instructions

	*** E fit improve mood. * E fit boost di immune system. * E fit promote better sleep. * E fit lower stress levels. * E fit increase energy levels. * E fit improve cognitive function. * E fit speed up recovery time. If you dey struggling wit DXM addiction, seek medical help na. Medical help no be shame.**		**carefully.**
BPC-157	NMDA riseptor wey dey kontrol how e work; dopamin and serotonin wey don balance again; make di connection between belly and brain betta; fix damage to liver tissue (dis important if person don take acetaminophen too).	Day 1 and dey continue every day.	BPC-157 dey work on many parts of di body, and e go tackle di three main tins wey DXM affect (NMDA, serotonin, and liver) at di same time. Di way BPC-157 fit repair tissue for di liver don show say e good for people wey take acetaminophen too. Taking am by mouth easy and convenient.
Selank	Anxiolytic wey dey work by regulating GABA and serotonin; no addictive; e specially tackle di anxiety wey: (a) make person take DXM, (b) na im cause di NMDA rebound anxiety when person stop.	Weeks 1–8 as needed	For anxiety wey dey cause people to take DXM (di Sage COMT profile wey show say DXM fit help with di effects of sigma-1 and NMDA, wey go reduce chronic anxiety), Selank dey provide non-addictive support for serotonin wey go help calm down anxiety during recovery. Na to put am inside nose.
Semax	BDNF dey increase; brain function don improve; dopamine don change. DXM wey block NMDA, and how ADHD affect person, two things fit cause problem for front part of brain, but BDNF go help fix am.	Week 2 and beyond.	Cognitive problems wey dey happen when person don recover from DXM – like di hard time to pay attention, find words, or think fast – na because di prefrontal cortex no dey work well again. Dis one fit be because of how DXM block NMDA, or maybe because

			the person get ADHD. Semax go help with both things at di same time, because e stimulate BDNF. E dey for nasal spray.

Section 5 — Di Desire For DXM — Understandin and Stopin Am.

THE CENTURION – Di craving wey fit solve for ten minutes for any pharmacy – di way otc drugs dey cause problem.

DXM cravings get one special pattern because e dey easy to find am for shops wey sell medicine. Di time from deciding to use DXM to getting di substance na small, unlike other substances we talk about for dis guide.

Opioid cravings need you to find where to buy am. Stimulant cravings need you to find somebody wey go sell or give am to you. But DXM craving just need say you dey near a pharmacy and get $8. Di plan to stop di craving must work within 10 minutes, from when you feel di urge till you enter di pharmacy.

DXM cravings trigger map.

Trigger	Di unda-lying state.	Di interupt.
If you dey pass by any pharmacy or store, and you see di place wey dem sell medicine for cough and cold, just look inside.	Di mos common tin wey dey cause di problem, and e dey specific to tins wey you fit buy for shops. Just bein' close to where dem sell am go start di desire inside your brain before you even tink about am.	Alternative ways wey dey avoid pharmacies for di begining of your recovery. If e no fit avoid: promise yourself say you no go enter di cough and cold section before you enter di store. If possible, make one person wey you trust follow you go pharmacy when you dey recover. Di "10 minutes rule": if you feel di urge to buy sometin, wait 10 minutes before you decide whether to buy am or not.
Depreshon don dey.	Depreshon wey make pesin take DXM na di tin wey go cause strong cravings. If person dey feel bad pass wetin e fit bear, especially for di time wey e body dey try adjust afta stoping DXM and when serotonin level low, brain go remember say di drug na im go help am feel betta.	Depreshon protocol dey important and mus't work well: 5-MTHF, exercise, get sunlight, talk to people, maybe go see psychiatrist. Di craving na because of di depreeshon. Dis supplement and how you behave go tackle di depreeshon directly, so e go reduce how often you dey feel dat craving.
Isolation – di tin wey make pesin feel lonely and no get anytin wey dey stimulate am.	DXM dey usually take alone. To dey alone without anyting wey person go do na one strong ting wey don train di brain – di brain don learn say dis kind situation	Shediul na primari way we go change di environment. Di protocol numba 5 for DXM recovery dey focus on how to fill di free time wey DXM use

	dey komot before pesin go use DXM. Boredom and loneliness na big reason why people dey use DXM.	dey take. If person get ADHD and e no treat am, and dat dey cause too much boredom, na im be di proper solution.
Anxiety don increase, especially social anxiety.	DXM wey dey work like a sigma-1 agonist fit make person feel comfortable and reduce anxiety. But, if anxiety komot come back again, especially for pipol wey don get social anxiety before, e go make dem want use DXM again because dem remember say na im solve di problem before.	Do 4-7-8 brefing rite away. Use Selank if you dey use peptide medicine. For social anxiety, try buspirone, CBT, or SSRI afta you don stop taking DXM completely. Di anxiety na di sign — address di anxiety, no just di craving.
Online komunity / tins wey fit cause reaction.	DXM get strong online community wey dey share dia experiences and write about am. If you look at dis kain things, even if na just to know wetin dey happen, e fit make you want use am again because of di pictures and stories.	Protocol 05 include di internet space: specific places wey dey talk about DXM, like online groups, forums, and kontent. Consider to block access to dis places for a while when you just dey start your recovery. Na normal to get curiosity; but if you engage with dat kind kontent, e go activate di craving circuit.

DXM CRAVING INTERRUPT - 5 MINUTES PROTOCOL (INSIDE DI 10 MINUTES TIME).

1. PAUSE DI ROUT. If you dey waka go pharmacy or store: stop physically. Pause. No continue waka go where dem sell di tins wey you want. Di "10 minutes rule": decision to buy something no fit happen for 10 minutes afta di craving don start. Dis na di time wey dis plan dey work inside.
2. DO 4-7-8 BREATHING - FIVE TIMES. Di desire for drug fit come quick, especially when di substance dey close. Vagal brake na di quickest way to stop am. Do five rounds while you dey stand still or find sometin else to do.
3. TEK NAC NA MAGNESIUM (or remember to tek dem for di next time). Dis supplements dey help with di NMDA na glutamate wey dey cause di cravings. Di craving get biochemical reason, so try to solve am wit biochemistry.
4. Wetin dey cause am? Depression? Anxiety? Boredom/isolation? ADHD? Di real problem wey di craving dey show na im be di message. If you sabi wetin dey cause am, you fit use di correct solution instead of just try to stop di craving.
5. CHANJ YOUR PHYSICAL ROUTE OR ENVIRONMENT. If na because you dey near pharmacy wey cause am, find anoda road. No enta di building. Change your physical environment na di quickest way to stop wetin dey cause di problem if na because of where you dey close to medicine shop.

6. KONTAKT. Tekst or kol your people wey dey support you. Tell dem wetin cause am. Di desire for drug wey no need prescription (OTC) when you dey alone dey very dangerous because di whole process — wetin start am, buyam, use am — fit happen alone and nobody go know. To kontakt somebody go break dat isolation.
7. NSDR, meditasyon, strenous exercise, musiq absorption. Di kraying na for one state – find another way to get to anoda state wey dey close.

Section 6 — Transferring di Problem: Creating Ways for People to Get Help Inside di State Wey Don Provide DXM.

THE CENTURION — Centurian Paper C-28 apply to DXM — Di silence wey dey available from di begining.

DXM don dey affect people differently because e get many receptors wey e fit bind to. Di way di recovery system work, e dey easy to adapt to do different tins dependin on wetin person need.

- For people wey dey seek escape from dia problem through dissociashon: dis ketamine guide get one natural way to do am — meditation go help suppress DMN, NSDR/yoga nidra go bring about state wey resemble dissociashon, holotropic breathwork go give you altered states without using any drug.
- For people wey dey seek ways to feel beta: dis MDMA guide get one natural way wey fit help – genuine connection wit other people go boost oxytocin and serotonin. Exercise go help release endorphins and serotonin too. And also, join community.
- For di people wey dey explore dia mind: di LSD guide don create one way to tink deep, wit plan and groups wey go help you navigate different levels of experience.
- ADHD treatment: Non-stimulant medicine, behavioral techniques, a well-organized place, di compendium's dopamine structure. Find di ting wey go make you concentrate well and for long time: Music, martial arts, coding, or any craft wey dey challenge your skills.

Di natural architecture wey states don provide for DXM.

I no sabi wetin "DXM" dey provide.	Naturál altanativ.	How to implement am.	For DXM recovery specifically
Dissociative escape — dem suppress di Default Mode Network (DMN), and e dey quiet noise.	Meditasyon (states of absorption); NSDR; holotropic breathwork.	Daily practice - minimum 20 mins. Dharma Recovery (Protocol 04). NSDR: 20-30 mins everyday, lie down dey still, focus your mind on sometin. Do holotropic breathwork wit somebody wey sabi.	DXM wey dey affect NMDA system don produce di same effect as ketamine, and di same tin wey meditation fit do through training of attention. Di person wey use DXM don experience dis kind tings before. Dis practice go create di way back, but e no cost $8 and no damage liver.
Mood dey improve, and e	Exercise; real	Regular, strong exercise. Time to	Sigma-1 and serotonin wey dey inside DXM, dem affect mood for

don bring warm feelings (sigma-1 + SERT).	friendship; laugh; music.	socialize wit people wey you trust. Laughing and playing. Listen to good music loud-loud.	ways wey body fit adapt to naturally, through serotonin and endorphins. Dis changes go take time to show, but dem go make things betta, no just drain di system.
Soshal anxiety dissolve.	CBT for sosyal anxiety; buspirone; praktis exposure; komyuniti.	CBT-based social anxiety program (MBSR, CBT groups, individual therapy). Gradual social exposure – start wit smalla, safe places. Buspirone (dey need prescription, no dey cause addiction).	Di social comfort wey DXM dey give, because of how e affect di brain (sigma-1 and serotonergic effects), na im you fit get through your own body's pathways, if you practice well. Di way to do am na by deliberately exposing yourself to social situations, starting with easy ones and gradually moving to harder ones. E go take time, but na something wey you go always get.
Exploration of consciousness.	Contemplative tradishon; flot tank; bretwerk; meditashon deep.	Wan kontemplative tradishon wey dey bein practice regular. Dey do float tank sesh every month. Holotropic bretwok dey happen time to time. Everyday, pipol dey meditate, and dem dey try reach level of deep konsentrashon.	DXM wey don dey affect many receptors go kriya experiences wey combine dissociative and psychedelic things. People wey dey do deep meditation don explore dis area for thousands of years. Dis practices fit give people access to states wey similar to wetin DXM dey do, but without di bad effects like NMDA rebound or problems with the liver.
ADHD symptoms wey dey affect how you fit koncentrate, and ways to reduce noise.	ADHD treatment (medicine plus behavior therapy); meditation; well-organized place; exercise.	Formal evaluation for ADHD, and proper treatment wey fit use stimulan or no stimulan. Dey do serious exercise everyday (30-45 minutes), because dis one get strong proof say e go help manage symptoms of ADHD. Make sure say you get a plan and environment wey dey organized.	If dem dey use DXM mainly to manage ADHD symptoms, treatin di ADHD go remove di main reason why person dey use am. Dis na di simplest way to solve di problem, but many people no sabi about am. Treatin di ADHD plus di dopamine system wey don recover go give person di focus wey DXM dey give, but for a betta and healthier way.

Di Adolescent-Specific Recovery Architecture.

THE CENTURION – Di pesin wey find DXM when dem be 15 years old na different person from di pesin wey find heroin when dem don reach 30 years.

DXM na tin wey dey common among teenagers and yong pipul. Di way to help dis people recover from addiction get special tins wey regular programs for adults no fit provide:

- Identity formation: Adolescent recovery dey happen at di same time as di important process of forming who you be. Di person no dey recover dia old identity wey dem get before substance abuse — maybe dem never even form am fully before DXM enter dia life. Recovery na partly about building your own identity for di first time.
- For yong pipul wey dey live wit dem families, di family na part of di place wey dem go recover. Family members wey sabi wetin DXM do to body – and wey know say e no be just "cough syrup" – fit give important support. Family therapy often dey good.
- Cognitive fog wey dey happen when person don stop taking DXM, especially if di persin ADHD no dey well managed, fit affect how well dem dey do for school. Things like special arrangements for students, help from people wey sabi about ADHD, and work together with teachers and counselors go help with recovery.
- Pia relationship wey dey form around DXM use need di same kind of change like any oda social group wey involve substance abuse. Find people wey no dey use anything – through sports, arts, school groups, or clubs – na di main way to help young pipol recover socially.
- Developmental acceleration: Some young people wey dey use DXM don use di properties wey make person feel disconnected and change how dem see things to deal wit some tins (like sexuality, who dem be, problem for family, questions about life) wey dem no get proper ways to handle. For recovery, na important say dem build dis frameworks – through therapy, meditation, and genuine community.

Section 7 — How to Use di Recovery Kernel: Your Guide.

Fez.	Protocols.	Focus on di important tins.	DXM-spesifik nots.
Liver and Safety Assessment (Days 0-7).	Dokita; test wey dey check how your liver dey work; Seksiyon 0 of dis guide.	Assessment of acetaminophen exposure; urgent need for NAC; HPPD baseline; screening for any other health problem.	If you take acetaminophen at di same time, use NAC immediately, and check your liver function within di first week. Dis na di only way to treat DXM problem wey dey urgent like medical emergencies for oda places. Every oda ting fit wait small; but checking how your liver dey important.
Biological Foundation (Days 1–14)	Protocol 07, Protocol 09, Protocol 17	NAC (NMDA + liver), magnesium, 5-MTHF, sleep stack, L-theanine, glycine.	NAC for Day 1 – e dey do two things (regulate NMDA glutamate and support liver). Magnesium for Day 1. 5-MTHF for Day 1. 5-HTP: wait till Day 3–5 minimum after last DXM use to avoid serotonin syndrome because of SERT inhibition wey dey remain. Start sleep medicine immediately.
Genomik Mapi (Wiks 1-4)	CYP2D6 test; SLC6A4; COMT; MTHFR; DRD4/DAT1	CYP2D6 metabolism status; ADHD genetic markers; serotonin system; methylation.	CYP2D6 na di mos important gene test wey dey use for DXM treatment. E explain why person don experience wetin dem don experience, and e go help make sure say everything safe if dem take any medicine again. Di genes wey cause ADHD (DRD4, DAT1) go show whether or not e important to check if somebody get ADHD.
Underlying Condition Treatment (Wiks 2-12).	Psikiyatri; speshialis on ADHD; CBT; Seksiyon 4.6.	Depreshon fitment; ADHD diagnosis and management; soshal anxiety fitment; trauma work, if dey necessary.	Dis na di mos important way to recover from using DXM for some time. Di tin wey dem dey use am for don solve one big problem. If you find out wetin di problem be and treat am with proper medical care, e go stop di main reason why person dey use am. If you no do dis, your recovery go get empty space wey need to fill.
HPPD Treatment (Wiks 1-8, if dey).	Seksiyon 4.5 we dis gid; doktor if e bad pass.	Cannabis stop; antioxidant combination; sleep; anxiety management.	DXM wey cause HPPD dey usually mild pass di one wey psychedelic drugs cause, but dem still use di same way to treat am. Most times, di problem go disappear for few

			weeks or months afta you stop taking di drug. To stop using cannabis na di most important thing to do.
Natural Access Architecture (Months 1-6)	Protocol 04 (meditasyon), Protocol 03 (eksersais), Seksiyon 6 for dis gid.	Dey meditate everyday/NSDR; do heavy exercise; join kominuniti; di spesifik system wey dey connect to di DXM funksion.	Di natural way wey we go build tins must dey match di specific work wey DXM do. * For dissociative escape: meditation plus NSDR. * For mood elevation: exercise plus connection. * For social ease: CBT plus practiced exposure. * For ADHD focus: ADHD treatment plus exercise. Make sure say di way we build tins dey match di result wey we want.
Identity and Long Game (Months 3+).	Protocol 20, Protocol 21, C-28; kontemplative tradishon if dey make sense.	Who dis pesin be, if dem no sabi wetin dey cause am; di kind life wey de recover kernel fit live.	For yut dem wey dey use DXM: dis na partly because dem dey build dia own identity, no just recover one wey don lost. Di kontemplative tradition, di creative practice, di real community — dis things no be replacement for DXM. Dis na di true project wey DXM bin dey postpone.

Seksiyon 8 — Di Medikal Kontekst: Di Problem Wey No Dey Show.

DXM abuse na something wey klinikal medicine dey neglect, and e get reason: e no be illegal, people no see am as serious problem, and e mostly affect young pipul wey no dey main target of addiction treatment centers. No get any MAT (medication-assisted treatment) for DXM. No get any special guidelines for doctors on how to treat DXM abuse. Most doctors sabi very little about DXM abuse, except wetin dem learn about poison control for small pikin.

Wet dis mean for pipol wey dey seek help: maybe you go need mek dem understand say di tin wey you dey pass tru serious. Di compendium's Protocol 13 (di talk wit doctor) apply direct.

8.1 — Wetin dey important medically when person dey recover from using DXM.

- Liver function: Check AST, ALT, bilirubin, and GGT if person don take acetaminophen before. Do dis test at the begining and again after 3 months. Small increase dey normal; big increase need to see liver specialist.
- CYP2D6 test na im be di mos important test wey fit give useful information about how your body dey react to DXM. E go also help make sure say you safe when you dey take anoder medicine wey CYP2D6 don break down.
- ADHD evaluation: If dey suspect say you get ADHD, dem fit do formal psychiatric evaluation for you. Dis na one way wey go help you recover, and e also important for your safety because if ADHD no dey treat, e fit make person relapse into drug use for many different substances.
- Depreshon and anxiety: PHQ-9 and GAD-7 screening tools go help check things initially. Referal to psychiatrist or psikologist na for proper diagnosis and plan for treatment.
- HPPD evaluation: If you still dey see strange things for your eyes afta 4 weeks of stopping wetin cause am, go see doctor wey sabi about brain matter. Dis one go help find out if na sometin else dey cause di problem. Doctor or neurologist wey don handle HPPD cases before na im be di right person to talk to.
- Kardiak checkup: If you use any product wey contain decongestant, and you take too much of am—make dem do ECG (heart test) and check your blood pressure.

8.2 — Tok wit di Dokta.

Wen you dey seek klinikal help for DXM recovery, how you talk matter. Say "I don dey drink plenty cough syrup" fit make dem no take you serious. Dis kain language go get betta result:

I don misuse dextromethorphan (DXM) for dose wey dey cause dissociative effects — di range na [X] mg per session, [frequency]. I dey experience [specific symptoms: NMDA rebound anxiety / serotonin system disruption / persistent visual phenomena / mood disorder]. I worry say acetaminophen fit damage my liver, so I want dem to check my liver function. I also wan do CYP2D6 test to know how my body process drugs. And I believe say I get ADHD/depression/anxiety wey make me dey use di drug, and e need treatment too.

Dat paragraph dey change how di doctor see di patient, from just dismissin dem to makin plans for treatment.

8.3 — Restriction on Wetin You Fit Buy, and Resources Wey Go Help Reduce Damage.

- DXM wey you dey buy: Many states don put rules say person must show proof of age (18 years old or above) before dem go sell DXM to you. Some big pharmacies don start own programs to track who dey buy DXM. CVS Pharmacy don limit how much DXM people fit buy, and dem require ID. Dis restrictions na way to reduce di bad things wey fit happen — for people wey dey try recover, e fit help prevent dem from taking am.
- Harm reduction wey dey specific to DXM: Erowid's DXM vault (erowid.org/chemicals/dxm) na im get di mos complete information about how to reduce risk. Di DXM FAQ wey William White write, e very important.
- SAMHSA's Treatment Locator (findtreatment.gov): while DXM is rarely listed as a primary substance, substance use disorder treatment for comorbid depression, ADHD, and anxiety is appropriately addressed through the standard treatment locator.
- Teen Line: 1-800-852-8336 (foryoung people). Na teenz wey don train for how to handle crises dey give support.
- Crisis Text Line: Tek "HOME" go 741741.

A last word.

THE CENTURION – Di cough suppressant wey tell you di truth about wetin you need.

DXM no dey suppose do wetin e do you. Bayer invent am to suppress cough. But e end up reach teenagers wey discover say e fit quiet someting wey big pass cough — di noise of ordinary tinking, di heavy load of depression or ADHD wey no get treatment, di hard feeling of self-consciousness for social situations, and di questions about life wey teenagers dey ask but no get any way to answer dem.

Dis compendium's C-37 principle dey apply perfectly: every preference for substance na one signal. Di DXM preference na one of di clearest signals for dis series because di signal dey very specific. Di NMDA blockade wey quiet mind, di sigma-1 agonism wey raise mood, di serotonergic warmth wey dissolve social anxiety – dis no be just random enjoyment. Dem na pharmacologically precise solutions to neurobiological problems wey di healthcare system either no identify or no treat well enough.

Di tins wey make DXM easy to get, e hide di problems wey dey happen. No body go take cough syrup wey cost $8 serious. Nobody go ask one teenager wey dey buy Robitussin wetin dey happen for house, for skul, or for im/her mind. Di drug solve di problem secretly, and di problem still remain hidden.

Recovery don name di problem. Di depression – na real tin, dey get biological cause, often MTHFR-variant impaired synthesis wey 5-MTHF go fix, but SSRIs no fit do am. Di ADHD – na like di attention system dey run on wrong frequency, and proper treatment go give person focus, just like DXM dey give through receptor antagonism. Di social anxiety – na like di nervous system see social interaction as something dangerous, so CBT and practice go help build tolerance, just like sigma-1 agonism dey do for medicine. Di existential questions – dem belong to traditions wey don been deal with dem for many years, and DXM bin dey give shortcut to am, but e get cost. of NMDA rebound and hepatotoksisiti.

Di cough syrup don tell yu di truth: your nerves sistem need sometin. Di recovery na to find out wetin dat sometin be, and create di right condition so dat your body fit provide am for you.

Di nois don stop when you use DXM. Recovering na learn say di nois dey always be something wey fit control. Di nervous system don dey build to control am. All wey you need na di correct tools, and somebody wey go take serious wetin di cough syrup dey try tell you.

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DXM harm reduction: erowid.org/chemicals/dxm | Teen Line: 1-800-852-8336 | Crisis Text: SEND "HOME" TO 741741.

Refer to di Recovery Kernel Complete Centurion Compendium for all protocols wey dey inside.